TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO

Texas Tech University Health Sciences Center El Paso
Downtime Progress Note

Visit Type New ( ) Follow Up ( )
Clinic:______________________ Date______________________
Allergies: ____
Temp_______BP__________Pulse________Resp.__________________Head Circumference:_____
Height________Weight _____________ Weight change______________ Length:_____________
% Height_________%Weight_________
BMI________________ Preferred Language________________
Smoking Status: ________________

OB Hx: G_____P_____A_____

Meds 1.__________________ 5.___________________ 9._______________
2.__________________ 6.___________________ 10._______________
3.__________________ 7.___________________ 11._______________
4.__________________ 8.___________________ 12._______________

PMHx, PSHx
1.__________________ 4.___________________ 7._______________
2.__________________ 5.___________________ 8._______________
3.__________________ 6.___________________ 9._______________

SocialHx:____

CC:____

HPI:
____
____
____

ROS

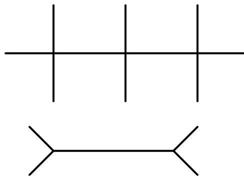
	Yes	No		Yes	No		Yes	No
Headache	☐	☐	Nausea/Vomiting	☐	☐	Dizziness	☐	☐
Blurry vision	☐	☐	GERD	☐	☐	Weakness	☐	☐
Decreased Hearing	☐	☐	Diarrhea	☐	☐	Numbness	☐	☐
CP	☐	☐	Constipation	☐	☐	Forgetfulness	☐	☐
Palpitations	☐	☐	Change in Appetite	☐	☐	Joint Pain	☐	☐
SOB/DOE	☐	☐	Abdominal Pain	☐	☐	Claudications	☐	☐
PND/Orthopnea	☐	☐	Polyuria/Polydipsia	☐	☐	Sexual Dysfunction	☐	☐
Cough	☐	☐	Dysuria	☐	☐	Depression	☐	☐

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

PE

	N'l	Abn'l		N'l	Abn'l
General Apperance	☐	☐________________	Breast exam	☐	☐________________
Vital Signs	☐	☐________________	axillae	☐	☐________________
Eyes Conjunctivae	☐	☐________________	Abdomen	☐	☐________________
Pupils	☐	☐________________	Liver/spleen	☐	☐________________
Fundi	☐	☐________________	Tenderness	☐	☐________________
Nose	☐	☐________________	Rectal	☐	☐________________
Ear Canal/TMs	☐	☐________________	Hemoccult	☐	☐________________
Mouth/Pharynx	☐	☐________________	Scrotum/Penis	☐	☐________________
Dentition/Gums	☐	☐________________	Prostate	☐	☐________________
Carotids	☐	☐________________	Muscle strength	☐	☐________________
JVD	☐	☐________________	Gait	☐	☐________________
Neck	☐	☐________________	Extremities/Joints	☐	☐________________
Thyroid	☐	☐________________	Skin inspection	☐	☐________________
Heart Palpation	☐	☐________________	Cranial Nerves	☐	☐________________
Rhythm/rate	☐	☐________________	DTR's	☐	☐________________
Murmur/rub	☐	☐________________	Sensation/Monofilament	☐	☐________________
Lung Effort	☐	☐________________	Pulses	☐	☐________________
Auscultation	☐	☐________________	Judgment	☐	☐________________
Percussion	☐	☐________________	Mental Status	☐	☐________________

Labs



SGOT_______________
SGPT_______________
Alk Phos _____________
T. Bili_______________
Alb__________________

HbA1C________________
TSH__________________
Urine Micro/
24hr prot_______________

TChol__________________
HDL___________________
Trig___________________
LDL___________________

Imaging:____
____
____

Vaccines
Flu_________________ Pneumovax _____________Vaccines up to date for Peds______________________________

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO

A/P____
____
____
____
____
____
____
____
____
____
____

Counseling: Check if counseled this visit
 Breast self exam/testicular exam Birth control Tobacco Cessation Discussed Advanced Directive
 Seat Belts STD protection Alcohol Moderation Has directive yes no

F/U or Lab check in _____________

_________________________M.D.

Staff:
I was present with the resident. I agree /disagree with the Dr. _________ history and physical examination with following comments and additions:
I have seen and examined this patient. I agree /disagree with Dr. _________ history and physical examination with following comments and additions:
____
____
____
____
____
____
____
____
____
____
____
____

Supervising Physician:________________________M.D. Date: _____________

Rev 10/26/11